

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094378

Entity Name
HOUSE OF INTERIORS, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90113 030 ***150.00

Principal Place of Business

200 FLORIDA AVE
TAVERNIER FL 33070

Mailing Address

BOX 1804
TAVERNIER FL 33070

2. Principal Place of Business

200 FLORIDA AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1804

Suite, Apt. #, etc.

City & State

TAVERNIER, FLA

City & State

TAVERNIER, FLA

4. FEI Number

65-0965237

Applied For

Not Applicable

Zip

33070

Country

MONROE

Zip

33070

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURUTZ, BARBARA
94825 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Barbara Kurutz

3/6/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
Tax filing requirement and elects to do so
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KURUTZ, BARBARA	
STREET ADDRESS	94825 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

Daytime Phone #

1305 451 9646

CR2E034 (10/00)